

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

1

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: 4		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Steve FIRST MI		OFFICE USE ONLY Date Received 06 APR 13 PM 4:24 RECEIVED - PCSO Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged			
	NICKNAME LAST SUFFIX					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE				
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE PHONE NUMBER EXTENSION				
6 CAMPAIGN TREASURER NAME		MS / MRS / MR Bert FIRST MI				
		NICKNAME LAST SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE				
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION				
9 REPORT TYPE		<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
10 PERIOD COVERED		Month Day Year Jan 1 / 06 THROUGH Month Day Year Apr. / 3 / 06				
11 ELECTION		ELECTION DATE Month Day Year 5 / 13 / 06 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE		13 OFFICE SOUGHT (if known)				
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS		OFFICE HELD (if any) Arlington City Council District 6 .. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. Name None Address / PO Box: Apt. / Suite #: City: State: Zip Code				
<input type="checkbox"/> additional pages						

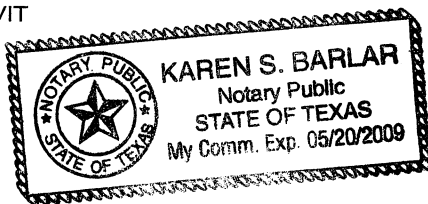
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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Steve McCollum		16 ACCOUNT # (Ethics Commission filers)
17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	<p>.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..</p>	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	None
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 850.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 147.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3750.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Steve McCollum
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **Steve McCollum**, this the **13th** day of **April**, 20**06**, to certify which, witness my hand and seal of office.

Karen S. Barlar
Signature of officer administering oath

KAREN S. BARLAR
Printed name of officer administering oath

notary public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <u>1</u>	
2 FILER NAME <u>Steve McCollum</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>3-29</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Kevin Hadawi</u>	7 Amount of contribution (\$) <u>500.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>1116 Hartman Ct, Arlington 76006</u>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>3-10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Dwight McKissic</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2000 Cains Ln, Mansfield 76063</u>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-3</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Harold Dixon</u>	Amount of contribution (\$) <u>300.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3005 Shady Ln. S. Arlington 76001</u>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

Steve McCollum

3 ACCOUNT # (Ethics Commission filers)**4** Date

4-2

5 Payee name

Office Depot

6 Payee address; City; State; Zip Code401 S.W. Plaza
Arlington 76010**7** Amount (\$)

4.74

8 Purpose of payment (See instructions regarding type of information required.)

Fax

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

2-13

Payee name

City of Arlington

Payee address; City; State; Zip Code

Amount (\$)

100.00

Purpose of payment (See instructions regarding type of information required.)

Filing fee

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

3-14

Payee name

City of Arlington

Payee address; City; State; Zip Code

Amount (\$)

43.00

Purpose of payment (See instructions regarding type of information required.)

Copies

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED